

SOLID WASTE FACILITY PERMIT

Facility/Permit Number:
AVENAL LANDFILL
16-AA-0004

2. Name and Street Address of Facility:

Avenal Landfill
201 N. Hydril Rd.
Avenal, CA 93204

3. Name and Mailing Address of Operator:

City of Avenal
919 Skyline Blvd.
Avenal, CA 93204

4. Name and Mailing Address of Owner:

City of Avenal
919 Skyline Blvd.
Avenal, CA 93204

5. Specifications:

a. Permitted Operations:

- | | |
|---|--|
| <input type="checkbox"/> Composting Facility (mixed wastes) | <input type="checkbox"/> Processing Facility |
| <input type="checkbox"/> Composting Facility (yard waste) | <input type="checkbox"/> Transfer Station |
| <input checked="" type="checkbox"/> Landfill Disposal Site | <input type="checkbox"/> Transformation Facility |
| <input type="checkbox"/> Material Recovery Facility | <input type="checkbox"/> Other: |

b. Permitted Hours of Operation: The facility will be open for receipt of refuse disposal from 7:00 AM-3:45 PM, Monday thru Saturday, and is closed on Sundays. Except for equipment maintenance and end-of day activities, facility operations will normally terminate daily by 5:00 PM. The landfill will be closed on New Year's Day, Easter Sunday, Independence Day, Labor Day, Memorial Day, Thanksgiving Day, and Christmas day.

c. Permitted Tons per Operating Day:

.....Total: 300 Tons/Day

Class III

..... 300 Tons/Day

d. Permitted Traffic Volume:

.....Total: Vehicles/Day: As Describe Below.

Incoming waste materials (vehicles/trucks).....Limited by Maximum Daily Tonnage

e. Key Design Parameters (Detailed parameters are shown on site plans bearing LEA and CIWMB validations):

	Total	Disposal	Transfer	MRF	Composting	Transformation
Permitted Area (acres)	173 ac	87 ac	N/A		N/A	N/A
Design Capacity		6.62 million cy	N/A	N/A	N/A	N/A
Max. Sea Level (ft MSL)		1090 MSL				
Max. Depth (Ft. BGS)		N/A				
Estimated Closure Date		2040				

Any significant unauthorized change in design or operation from that described herein, subjects this permit to revocation or suspension. The attached permit findings and conditions are integral parts of this permit and supersede the conditions of any previously issued solid waste facility permits.

6. Approval:



Approving Officer Signature
Keith Winkler, REHS,
Environmental Health Director
Name/Title

7. Enforcement Agency Name and Address:

Kings County Health Department
Division of Environmental Health Services
330 Campus Drive
Hanford, CA. 93230

8. Received by CIWMB:

JAN 11 1999

9. CIWMB Concurrence Date:

MAR 23 1999

10. Permit Review Due Date:

3-30-04

11. Permit Issued Date:

3/30/99